



Sports Injury Center, LLC

**1201 Landmark • Liberty, MO 64068  
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**CHIROPRACTIC AND MEDICAL INFORMATION**

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

In the course of your care as a patient at Family Health & Sports Injury Center, we may use or disclose personal and health related information about you in the following ways:

\*Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment. \*Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer (if they are or may be responsible for the payment for your services). \*Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, to provide information about alternatives to your present care, or to other health related information that may be of interest to you. If you are not at home to receive an appointment reminder, a message may be left on your answering machine. Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to your or the reimbursement avenues associated with your care. Under federal law, we are also permitted or required to, use or disclose your health information without your consent or authorization in the following circumstances:

1. If we are providing health care services to you based on the orders of another health care provider.
2. If we provide health care services to you in an emergency.
3. If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
4. If there are substantial barriers to communicating with you, but in our professional judgement we believe that you intend for us to provide care.
5. If we are ordered by the courts or another appropriate agency.
6. Any use or disclosure of your protected health information, other than as described in the examples outlined above, will only be made upon your written authorization.

We normally provide information about your health care to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information in a different form, please advise us in writing as to your preferences:

**Name (printed)/Signature** \_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Date

By signing above I acknowledge I have read the above information and give full disclosure of my information.